



Missouri Gaming Commission
Bingo Division
P. O. Box 1847
Jefferson City, MO 65102

IMPORTANT INFORMATION - PLEASE READ

Dear Special Abbreviated Pull-Tab License Applicant:

Enclosed is an application for a Missouri Special Abbreviated Pull-Tab License. Before completing the application form, please read the following information carefully to determine if your organization qualifies for the abbreviated pull-tab license.

To qualify for a Special Abbreviated Pull-Tab License, you must be one of the following not-for-profit organizations. Also, you must have obtained an exemption from the payment of federal income taxes as provided in the appropriate section of the Internal Revenue Code of 1954, as indicated below.

1. **Charitable** - 501(c)(3)
2. **Fraternal** - 501(c)(5), 501(c)(8), or 501(c)(10)
3. **Religious** - 501(c)(3) or 501(d)
4. **Service** - 501(c)(4), 501(c)(5), or 501(c)(7)
5. **Veterans** - 501(c)(19)

The Special Abbreviated Pull-Tab License should be requested, if your organization intends to sell pull-tabs only without conducting bingo. This license is valid for a period not to exceed 24 hours or 1 day. You may conduct no more than four (4) of these pull-tab events per calendar year.

The Missouri Special Abbreviated Pull-Tab License Application, Form 105, must be completed in its entirety and must be signed by the CHIEF OFFICER or SECRETARY of the organization. Refer to the application for instructions and additional attachments required.

The Missouri Bingo Statute Booklet is available. You may obtain the booklet by forwarding a letter of request and a check in the amount of \$15.00 made payable to the Missouri Gaming Commission.

Please mail the completed application and applicable documentation to the Missouri Gaming Commission, Bingo Division, P. O. Box 1847, Jefferson City, MO 65102. If you have questions, please call 573-526-5370 or toll free at 1-866-801-8643. FAX 573-526-5374. You may also visit our web site at www.mgc.state.mo.us.



MISSOURI GAMING COMMISSION
BINGO DIVISION
PO BOX 1847, JEFFERSON CITY, MO 65102
TELEPHONE: (573) 526-5370 FAX: (573) 526-5374
**MISSOURI SPECIAL ABBREVIATED PULL-TAB
LICENSE APPLICATION**

FORM

105

(REV. 11-99)

PLEASE TYPE OR PRINT LEGIBLY

POSTMARK

EFFECTIVE DATE

EXPIRATION DATE

• PLEASE PRINT OR TYPE ALL RESPONSES • ANSWER ALL QUESTIONS • DO NOT WRITE IN SHADED AREAS

INCOMPLETE APPLICATIONS WILL BE RETURNED. ALLOW 4-6 WEEKS TO PROCESS. TYPE OR PRINT USING BLACK INK

1. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		EVENT NAME		1a. IF YOUR ORGANIZATION PREVIOUSLY HELD A BINGO LICENSE OF ANY TYPE OR AN ABBREVIATED PULL-TAB LICENSE PROVIDE THE LICENSE NUMBER PREVIOUSLY ISSUED	
2. ORGANIZATION NAME				FEIN NUMBER	
ORGANIZATION'S MAILING ADDRESS				ORGANIZATION TELEPHONE NUMBER	
CITY		STATE	ZIP CODE	COUNTY	
3. ORGANIZATION'S PHYSICAL LOCATION, I.E. STREET ADDRESS, HIGHWAY NUMBER, ETC. DO NOT USE A P.O. BOX OR RURAL ROUTE.					
CITY		STATE	ZIP CODE	COUNTY	
4. TYPE OF ORGANIZATION <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> VETERAN <input type="checkbox"/> FRATERNAL <input type="checkbox"/> CHARITABLE <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER					
5. IRS EXEMPTION CODE (ATTACHMENT REQUIRED) <input type="checkbox"/> 501(C)3 <input type="checkbox"/> 501(C)4 <input type="checkbox"/> 501(C)5 <input type="checkbox"/> 501(C)7 <input type="checkbox"/> 501(C)8 <input type="checkbox"/> 501(C)10 <input type="checkbox"/> 501(C)19 <input type="checkbox"/> 501(D)					
6. How long has applicant organization been in existence? _____					
7. If not incorporated, state how and when organized. _____					
7a. If the organization is incorporated, indicate place and date of incorporation. _____ Also, attach a copy of the organization's Certificate of Corporate Good Standing and Articles of Incorporation from the MO Secretary of State's Office. If incorporated through the County Court, please attach a copy of the Pro Forma Decree of Incorporation.					
8. Has your organization had twenty or more bona fide members for each of the previous five years? <input type="checkbox"/> YES <input type="checkbox"/> NO (Attach proof of twenty members.)					
9. Has your organization ever had any previous bingo or abbreviated pull-tab application refused, revoked or suspended? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what was your license number _____					
10. Describe the purpose for which pull-tab proceeds will be used in detail. _____					
11. License number of your pull-tab supplier(s) _____					
12. Complete the following for each Special Abbreviated Pull-Tab License requested (No more than four annually). If you do not know the approximate dates of these events, we suggest that you wait and apply at a later date. If the date provided for any event listed changes, please return the license fifteen days prior to the actual event, with the correct date noted on the license itself and a new license will be issued, for the correct date.					
(1). Date and time of scheduled event _____ Start Time - _____ End Time - _____ Physical location where the pull-tab event is to be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route - _____ Will pull-tab games be conducted on premises owned by the applicant organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide a premise lease agreement signed by an officer of the organization and an officer of the premise owner.					
(2). Date and time of scheduled event _____ Start Time - _____ End Time - _____ Physical location where the pull-tab event is to be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route - _____ Will pull-tab games be conducted on premises owned by the applicant organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide a premise lease agreement signed by an officer of the organization and an officer of the premise owner.					
(3). Date and time of scheduled event _____ Start Time - _____ End Time - _____ Physical location where the pull-tab event is to be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route - _____ Will pull-tab games be conducted on premises owned by the applicant organization? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide a premise lease agreement signed by an officer of the organization and an officer of the premise owner.					

(4). Date and time of scheduled event _____ Start Time - _____ End Time - _____
Physical location where the pull-tab event is to be conducted, i.e.: Street Address, Highway Number, etc. Do not use a P.O. Box or Rural Route - _____

Will pull-tab games be conducted on premises owned by the applicant organization? ☐ YES ☐ NO
If no, provide a premise lease agreement signed by an officer of the organization and an officer of the premise owner.

13. Designated person who will be responsible for the completion of this application on behalf of the organization. This individual must also be required to notify the Commission as to any changes in the application or organization.

Name _____ Street _____
City _____ State _____ Zip Code _____ Daytime Telephone _____

14. Complete Schedule A and attach to application.

The undersigned do hereby state under penalties of perjury that all statements in the foregoing application are true and correct; that the officers, operators, and workers of the game are two year bona fide members of the sponsoring organization, have not been convicted of a felony; and they are fully aware of eligibility restrictions stated in Section 313.035 RSMo and 313.040(2) RSMo. The organization acknowledges that any license granted by the Commission is subject to the provisions of Chapter 313 RSMo and the Regulations promulgated thereunder. Failure to comply thereto will subject its license to suspension or revocation. Further, the organization agrees to allow inspections by the Commission made in accordance with the above and authorizes the Commission or its agents to examine and secure copies of any records or documents in connection with its pull-tab game, to include those on file with a bookkeeper. The organization authorizes the Commission to secure copies of financial records to include, but not limited to, signature cards, checking and savings accounts, deposit and withdrawal records and any other financial records established in connection with the organization. **Failure to submit records requested could result in the immediate suspension or revocation of your abbreviated pull-tab license.**

SIGNATURE	TITLE	DAYTIME TELEPHONE
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WARNING

Each question must be answered fully, accurately and completely. Any misrepresentation or omission can result in the denial, suspension or revocation of your application and/or license. When information is unknown, so indicate. You must make a reasonable inquiry to determine the answers to all questions. Any statement that is not true or not disclosed, which becomes known at any later date, is cause for revocation of the organization's abbreviated pull-tab license.

FOR COMMISSION USE ONLY					MAIL APPLICATION AND SUPPORTING DOCUMENTS TO
APPLICATION IS	COMMENTS	LICENSE NO.	CHECK NO.	LICENSE FEE	MISSOURI GAMING COMMISSION BINGO DIVISION PO BOX 1847 JEFFERSON CITY, MO 65102
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	SIGNATURE			\$ DATE	

MISSOURI ABBREVIATED PULL-TAB LICENSE APPLICATION INSTRUCTIONS

The Special Abbreviated Pull-Tab License should be requested if your organization intends to sell pull-tabs only without conducting bingo. This license is valid for a period not to exceed 24 hours or 1 day. You may conduct no more than four of these pull-tab events per calendar year. NOTE: If your organization is certain that you will hold more than one Abbreviated Pull-Tab Event, during this calendar year, you may apply for all licenses with one application. Provide \$10.00 for each license you wish to obtain. If you do not know the approximate dates of the four events, we suggest that you apply for only the dates you know at this time and complete a separate application later for the remaining events.

- Line 1. Place an "X" in the box beside the type of application for which your organization is applying.
- Line 1a. If your organization previously held a bingo license of any type or abbreviated pull-tab license, provide the license number previously issued in the space provided.
- Line 2. Enter the name, mailing address and telephone number of the organization, and federal identification number.
- Line 3. Enter the organization's physical location, i.e. street address, highway number, county road number, etc. DO NOT USE A P.O. BOX OR RURAL ROUTE.
- Line 4. Place an "X" in the box beside the type of organization requesting license.
- Line 5. Place an "X" in the box beside the code that denotes the IRS exemption from payment of federal income tax. Attach a copy of the document from the Internal Revenue Service which attests to your exempt status. (NOTE: Not required if previously submitted to the Commission.)
- Line 6. Enter the length of time your organization has been in existence. Provide proof that your organization has been in continuous existence for each of the past five (5) years, i.e. a copy of one (1) bank statement per year for the last five (5) years, a copy of one (1) church bulletin for each of the past five (5) years, etc. (NOTE: Proof is not required if previously submitted to the Commission.)
- Line 7. If the organization **is not** a corporation, enter how and when organized in the space provided.
- Line 7a. If the organization **is** incorporated, indicate the place and date of incorporation in the space provided. Also, attach a copy of the organization's Certificate of Corporate Good Standing **and** Articles of Incorporation from the Missouri Secretary of State's Office. If incorporated through the County Court, please attach a copy of the Pro Forma Decree of Incorporation. (NOTE: Attachments not required if previously submitted to the Commission.)
- Line 8. Place an "X" in the space provided for the correct response. Attach a copy of a membership roster which includes the date of membership, and contains at least twenty individuals who have been members for the previous five years. (Proof is not required if previously submitted to the Commission.)
- Line 9. Place an "X" in the space provided for the correct response. If response is YES, provide your previous bingo or abbreviated pull-tab license number.
- Line 10. Describe in detail the purpose for which pull-tab proceeds will be used.
- Line 11. Provide your pull-tab supplier(s) license number
- Line 12. Enter the approximate date of each scheduled abbreviated pull-tab event. Enter the exact physical location in enough detail to easily locate where the pull-tab event is to be conducted, do not use P.O. Box or Rural Route. Place an "X" in the space provided for the correct response referring to where each event will be conducted. If NO, attach a copy of the signed premise lease agreement between the premise owner and the organization for each scheduled event. All leases must be signed by an officer of the premise owner and an officer of the applicant organization.
- Line 13. Enter the name, address and **daytime** telephone number of the individual who will be responsible for the completion of this application on behalf of the organization.
- Line 14. Attach completed Schedule A, including the name, title, address, date of birth and social security number of **each officer** of the organization and all two (2) year bona fide members who will assist in the management, conduct and operation of the bingo game.

~~Line 15. Attach completed Schedule B - Tax Information Authorization.~~

The Special Abbreviated Pull-Tab License Application must be signed by a **Chief Officer or Secretary of the applicant organization.**

THE FOLLOWING MUST BE SUBMITTED WITH SPECIAL ABBREVIATED PULL-TAB APPLICATIONS

1. Check or money order in the applicable amount (\$10.00 per license requested) made payable to the Missouri Gaming Commission.
2. All governing instruments of your organization, including, but not limited to, the following: Certificate of Corporate Good Standing and Articles of Incorporation, Constitution and By-Laws, Articles of Agreement. (NOTE: Not required if previously submitted to the Commission.)
3. Proof of bingo checking account, i.e. voided check or letter from the bank if the organization obtains more than three (3) Abbreviated Pull-Tab and/or Special Bingo Licenses annually. (NOTE: Not required if previously submitted to the Commission.)

MAIL COMPLETED APPLICATION FORM AND REQUIRED ATTACHMENTS TO:

MISSOURI GAMING COMMISSION
BINGO DIVISION
PO BOX 1847
JEFFERSON CITY, MO 65102



MISSOURI GAMING COMMISSION
BINGO DIVISION
PO BOX 1847, JEFFERSON CITY, MO 65102

CURRENT OFFICERS/BINGO OR ABBREVIATED PULL-TAB WORKERS - SCHEDULE A

THE FOLLOWING ARE THE CURRENT OFFICERS/BINGO OR ABBREVIATED PULL-TAB WORKERS OF:

NAME OF ORGANIZATION

BINGO OR ABBREVIATED PULL-TAB LICENSE NUMBER

PLEASE ATTACH ADDITIONAL PAGES, IF APPLICABLE.

OFFICERS

LIST ALL OFFICERS OF YOUR ORGANIZATION. NAMES SHOULD BE AS SHOWN ON THEIR DRIVERS LICENSE. IF THEY DO NOT DRIVE, ENCLOSE A COPY OF THEIR SOCIAL SECURITY CARD TO EXPEDITE PROCESSING.

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER ()	TITLE		DAYTIME TELEPHONE NUMBER ()		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER ()	TITLE		DAYTIME TELEPHONE NUMBER ()		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

WORKERS

LIST ALL TWO YEAR BONA FIDE MEMBERS WHO WILL ASSIST WITH THE MANAGEMENT, CONDUCT OR OPERATION OF THE BINGO GAMES.

*OFFICERS DO NOT HAVE TO BE LISTED AGAIN.

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER ()	TITLE		DAYTIME TELEPHONE NUMBER ()		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

NAME			NAME				
TITLE		DAYTIME TELEPHONE NUMBER ()	TITLE		DAYTIME TELEPHONE NUMBER ()		
ADDRESS			ADDRESS				
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete. I will comply with all of the provisions of Chapter 313 and the regulations adopted thereunder.

SIGNATURE

DATE

WORKERS

NAME				NAME			
TITLE		DAYTIME TELEPHONE NUMBER ()		TITLE		DAYTIME TELEPHONE NUMBER ()	
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

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ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
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CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	

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ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE OF BIRTH		SOCIAL SECURITY NUMBER	